

State: NEVADA

<u>Citation</u>	<u>4.14</u>	<u>Utilization/Quality Control</u>
42 CFR 431.60 42 CFR 456.2 50 FR 15312 1902(a)(30)(C) and 1902(d) of the Act, P.L. 99-509 (Section 9431)	(a)	A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met:
	* <u>X</u>	Directly
	** <u>X</u>	By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO —
		(1) Meets the requirements of §434.6(a):
		(2) Includes a monitoring and evaluation plan to ensure satisfactory performance;
		(3) Identifies the services and providers subject to PRO review;
		(4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and
		(5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.
1932(c)(2) and 1902(d) of the ACT, P.L. 99-509 (Section 9431)	<u>X</u>	A qualified External Quality Review Organization performs an annual External Quality Review that meets the requirements of 42 CFR 438 Subpart E each managed care organization, prepaid inpatient health plan, and health insuring organizations under contract, except where exempted by the regulation.
	* <u>X</u>	Except inpatient hospital
	** <u>X</u>	Inpatient hospital

TN # 03-14
Supersedes TN # 92-10

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Revision: HCFA-PM-85-3 (BERC)
May 1985

OMB No.: 0938-0193

State: Nevada

Citation

42 CFR 456.2
50 FR 15312

4.14 (b) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart C, for control of the utilization of inpatient hospital services.

X Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

___ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart C for:

___ All hospitals (other than mental hospitals).

___ Those specified in the waiver.

X No waivers have been granted.

TN No. 85-23

Supersedes

TN No. 75-41

Approval Date OCT 1 1985

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July 1985

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State/Territory: Nevada

Citation

42 CFR 456.2
50 FR 15312

4.14 (c) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart D, for control of utilization of inpatient services in mental hospitals.

X Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

___ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart D for:

___ All mental hospitals.

___ Those specified in the waiver.

X No waivers have been granted.

___ Not applicable. Inpatient services in mental hospitals are not provided under this plan.

TN No. 85-30

Supersedes

TN No. 75-41

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Effective Date 09/01/85

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OMB No.: 0938-0193

State: Nevada

Citation

42 CFR 456.2
50 FR 15312

4.14 (d) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart E, for the control of utilization of skilled nursing facility services.

X Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

___ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart E for:

___ All skilled nursing facilities.

___ Those specified in the waiver.

X No waivers have been granted.

TN No. 01-06

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TN No. 85-23

HCFA ID: 0048P/0002P

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MAY 1985

OMB No.: 0938-0193

State: Nevada

Citation

42 CFR 456.2
50 FR 15312

X 4.14 (e) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart F, for control of the utilization of intermediate care facility services. Utilization review in facilities is provided through:

 Facility-based review.

X Direct review by personnel of the medical assistance unit of the State agency.

X Personnel under contract to the medical assistance unit of the State agency.

 Utilization and Quality Control Peer Review Organizations.

 Another method as described in ATTACHMENT 4.14-A.

X Two or more of the above methods. ATTACHMENT 4.14-B describes the circumstances under which each method is used.

 Not applicable. Intermediate care facility services are not provided under this plan.

TN No. 01-06

Supersedes

TN No. 85-29

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HCFA ID: 0048P/0002P

State: NEVADACitation 4.14 Utilization/Quality Control (Continued)

42 CFR 438.356(e)

For each contract, the State must follow an open, competitive procurement process that is in accordance with State law and regulations and consistent with 45 CFR part 74 as it applies to State procurement of Medicaid services.

42 CFR 438.354
42 CFR 438.356(b) and (d)

The State must ensure that an External Quality Review Organization and its subcontractors performing the External Quality Review or External Quality Review-related activities meets the competence and independence requirements.

_____ Not applicable.

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